**Diagnostics** 

PACT Consumer Name	Date of Birth	Admit Date	D/C Date	Primary Diagnosis	Primary Diagnosis	GAF Score	MH PP (A,B,C)	SA PP (Y,N)	Physical Disability
								` '	•

## **Physical Disability Code**

- Deafness or severe hearing loss
  Blindness or severe visual impairment
  Nonambulation or major difficulty in ambulation
- 4. Unable to communicate with verbal speech

- 5. Traumatic brain injury6. Major medical condition/chronic health problem
- 7. Other
- 0. None

Housing

DACT Consumer North	Housing Start Date	Housing End Date	Housing	Living With Whom
PACT Consumer Name	Start Date	End Date	Type	wnom

## **Housing Type Code**

- 1. Private Residence/Household
- 2. Shelter (includes homeless shelter)
- 3. Boarding home
- 4. Foster home
- 5. Licensed home for adults (non-CSB)
- 6. CSB residential setting
- 7. Other residential setting

- 8. Nursing home
- 9. Hospital
- 10. Local jail or correctional facility
- 11. State correctional facility
- 12. Other institutional setting
- 13. None (homeless; non-sheltered)

## Living Arrangement – with Whom

- A. Lives Alone
- B. Lives with Relaatives (nuclear or extended)
- C. Lives with Non-Related Persons

**Employment** 

pioyment			
PACT Consumer Name	Employment Start Date	Employment End Date	Employment Status
11101 00115 011101110			2 00000

## **Employment Status Code**

- Full Time (> 35 hrs per week)
  Part Time (< 35 hrs per week)</li>
- 3. Unemployed
- 4. NILF Homemaker
- 5. NILF Student

- 6. NILF Retired
- 7. NILF Disabled
- 8. NILF In Institution/Jail
- 9. NILF Other (i.e., not looking)

**Local Hospital and Criminal Justice** 

Local Hospital and Criminal Justice								
	Local Hosp	Local Hosp		Arrest		Jail/Prison	Jail/Prison	
PACT Consumer Name	Admit Date	D/C Date		Date		Admit Date	D/C Date	
	1	l			1	l		